

TREATMENT PROTOCOL: PEDIATRIC SYMPTOMATIC BRADYCARDIA



1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Assist respirations with bag-valve-mask prn using “squeeze-release-release” technique
5. Advanced airway prn:
ET tube placement approved for patients who are:
 12yrs of age and older **or** weight equal to or greater than 40kg;
King airway approved as a rescue airway for patients who are:
 12yrs of age and older **and** 4 feet tall
6. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
7. Venous access; begin transport if unable to obtain venous access
8. **ESTABLISH BASE CONTACT (ALL)**
9. If bradycardia (<60 bpm) with signs of poor perfusion despite adequate oxygenation and ventilation, begin chest compressions
10. If symptomatic bradycardia persists:
 Epinephrine (0.1mg/mL)
 0.01mg/kg slow IV push
 May repeat every 3-5min
 See Color Code Drug Doses/L.A. County Kids
11. If suspected AV Block or increased vagal tone (potential causes of increased vagal tone include increased intracranial pressure, beta blocker/calcium channel overdose, hypothyroidism, infection, congenital heart disease, and sleep apnea):
 Atropine
 0.02mg/kg IV push
 Maximum single dose: 0.5mg
 May repeat one time in 5min
 See Color Code Drug Dosed/L.A. County Kids